

P110000080591

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JOANNA M. RODRIGUEZ, M.D., P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P11000080591

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HOWARD MOFSEN CPA

Name of Contact Person

PINCHEVSKY & MOFSEN, CPA'S

Firm/Company

9728 W SAMPLE RD

Address

CORAL SPRINGS, FL 33065

City/State and Zip Code

howard@pinchevskymofsen.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Howard Mofsen

Name of Contact Person

at ( 954 ) 753-3545

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF CORRECTION**

for

**JOANNA M. RODRIGUEZ, M.D., P.A.**

Name of Corporation as currently filed with the Florida Dept. of State

**P11000080591**

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct the Articles of Incorporation

(Document Type Being Corrected)

filed with the Department of State on September 12, 2011

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

JOANNA M. RODRIGUEZ, M.D., P.A.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correct the inaccuracy, incorrect statement, or defect:

JOANNA RODRIGUEZ, M.D., P.A.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Joanna Rodriguez*

(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

JOANNA RODRIGUEZ

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35.00**

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